

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 286

Primary Registration District No. _____

Registrar's No. 49

FILED JUN 6 1962

1. PLACE OF DEATH

a. COUNTY

Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Platte WoodsLength of stay in 1b
6 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 7317 West 71 HiwayInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Platte

c. CITY OR TOWN Platte Woods

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7317 West 71 HiwayReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROBERT

H

McCLAIN

4. DATE OF DEATH

Month

Day

Year

MAY

31

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

7-13-1902

59

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

Dist V.P. Grain Millers Int. Union Cio-AFL

Pittsburg, Ks.

U.S.A.

13a. FATHER'S NAME

Henry L McClain

13b. MOTHER'S MAIDEN NAME

Sophia Schnaitman

14. NAME OF HUSBAND OR WIFE

Opal Smith McClain

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs R. H. McClain 7317 W 71 Hwy Platte Wd.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Generalized Carcinomatosis 15 Months

Carcinoma large bowel 18 Months

ascending colon

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-1-62 to 6-1-62 and last saw him alive on 6-1-62Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Alfred Thurman

M.D.

6600 Tower Drive
Platte Woods, Mo.

6-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

June 3, 1962

Agency Cemetery

Agency, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

HARRY BUTLER FUNERAL HOME, INC.

2100 E Russell Rd. Box 11068 Antioch Station

6-2-1962 Opal Smith McClain

Kansas City 19, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

6/22/62
6/22/623 years & 5 years
large bowel18 a,b 15 months & 18 Months
18b ascending colon

DOCUMENT Doctors office records

BY AFFIDAVIT OF Attendant

MEDICAL CERTIFICATION

JUN 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. L. Gibson

Licensed Embalmer No. 4137

4737 North Highland

P. O. Address K. C. 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.